



RISK ASSESSMENT AND MITIGATION PLAN FOR NURSING FACILITY TRANSITIONS

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION - MFP
SFN 197 (8-2008)

Directions

The Transition assessment completed by the Transition Coordinator identifies areas of risk that need to be addressed by the consumer's planning team prior to transition. The team will include the consumer, family as appropriate, Transition Coordinator, and the nursing facility discharge planning team. The consumer and the Independent Living Plan Team will review the identified areas of risk and develop risk mitigation strategies to address those risks. The plan will be completed prior to discharge from the institution. The mitigation plan will become a part of the Independent Living Plan. The plan will be developed before transition and will be reviewed by the Transition Coordinator/DD Case Manager and/or the DD provider team following transition after all critical incidents, during all planning meetings, and at least once every six months.

Risk Factors	Area of Concern	Mitigation Steps Area of Independent Living Plan
Substance Abuse (7.A 3-5)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental Health (Area 3 B 1-20)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavior (Area 7.B)(1-4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cognition / Decision Making (Area 3.A 1-8)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Issues (7-l)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Safety (7.A1)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Falls (7.A 8-11)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication (Areas 2-D 1-4, B-9, 7-A 6-7)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nutrition (Area 2.A)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care Access (Physician, Pharmacy, Home Health, Dental, Medicare Part-D other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Environment (Area 4.C 1-2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Informal Supports	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provider / Service Availability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Treatment Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Consumer Signature	
Team Members Present:		